

<i>SERFF Tracking Number:</i>	<i>CMBD-126898442</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Combined Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>47361</i>
<i>Company Tracking Number:</i>	<i>103305F</i>		
<i>TOI:</i>	<i>MS09 Medicare Supplement - Other 2010</i>	<i>Sub-TOI:</i>	<i>MS09.000 Medicare Supplement Other 2010</i>
<i>Product Name:</i>	<i>Senior Medicare Supplement Advertisements</i>		
<i>Project Name/Number:</i>	<i>Senior Medicare Supplement Advertisements/103305F et al</i>		

## Filing at a Glance

Company: Combined Insurance Company of America

Product Name: Senior Medicare Supplement    SERFF Tr Num: CMBD-126898442    State: Arkansas

Advertisements

TOI: MS09 Medicare Supplement - Other 2010    SERFF Status: Closed-Filed-Closed    State Tr Num: 47361

Sub-TOI: MS09.000 Medicare Supplement    Co Tr Num: 103305F    State Status: Filed-Closed  
Other 2010

Filing Type: Advertisement

Author: Sue Thill

Date Submitted: 11/19/2010

Reviewer(s): Stephanie Fowler

Disposition Date: 12/15/2010

Disposition Status: Filed-Closed

Implementation Date Requested: 12/15/2010

Implementation Date:

State Filing Description:

## General Information

Project Name: Senior Medicare Supplement Advertisements

Project Number: 103305F et al

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/15/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 12/15/2010

Created By: Sue Thill

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Sue Thill

Filing Description:

Combined Insurance Company of America

FEIN Number 36-2136262

NAIC Number 626-62146

Form Numbers:

103305F - Plan F Letter

103307F - Plan F Letter

103306FI - Plan F Brochure – Issue Age

103307N - Plan N Letter

SERFF Tracking Number: CMBD-126898442 State: Arkansas  
Filing Company: Combined Insurance Company of America State Tracking Number: 47361  
Company Tracking Number: 103305F  
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010  
Product Name: Senior Medicare Supplement Advertisements  
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103306NI - Plan N Brochure – Issue Age  
103308 - Application  
103310 - Letter  
103311 - Script  
INDIVIDUAL MEDICARE

The above captioned advertising is attached for your consideration. All forms are new and have not been previously filed with the Department. Also attached are the following:

1. Variability Memorandum

The filing fee, in the amount of \$400.00, was provided through EFT.

Letter 103305F will be sent to our Combined customers who do not own a Medicare Supplement policy and are age 64 years and 6 months to 64 years and 11 months. Letter 103305F will offer Medicare Supplement Plan F along with Brochure 103306FI and Application 103308.

Letter 103310 will be sent to our Combined customers who are age 64 years and 3 months. The objective of this communication is to make our customers aware that Combined does sell competitively priced Medicare Supplement Insurance.

Letters 103307F or 103307N will be sent to our Combined Insured's who are age 64 years and 6 months informing them it is now time to consider purchasing a Medicare Supplement plan. Our plan is to divide our generated list of potential Insured's in half and mail the Plan F document information package with the other half being mailed the Plan N document information package. The package will also include Brochure 103306FI or 103306NI and Application 103308.

For those Insured's not responding to the above mailing, we will follow up with a Telemarketing call using Script 103311. This call will occur around age 64 years and 7 months.

The following Medicare Supplement policies were approved by the Department and will be used with the advertising above.

Form Numbers Description Approval Date SERFF Tracking Number

Form No. 14911-AR-F Plan F August 3, 2010 CMBD-126734449/46289

Form No. 14912-AR-N Plan N August 3, 2010 CMBD-126734449/46289

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Product Name: Senior Medicare Supplement Advertisements  
Project Name/Number: Senior Medicare Supplement Advertisements/103305F et al

Please be advised that the print size on the brochure and the application has been reduced for filing purposes. The brochure and the application will be printed on 8 ½ x 14 paper with 12 point type.

Thank you for your review.

## Company and Contact

### Filing Contact Information

Sue Thill, Senior Policy Analyst Sue.A.Thill@combined.com  
1000 Milwaukee Avenue 847-953-1536 [Phone]  
Glenview, IL 60025 847-953-1557 [FAX]

### Filing Company Information

Combined Insurance Company of America CoCode: 62146 State of Domicile: Illinois  
1000 Milwaukee Avenue Group Code: 626 Company Type:  
Glenview, IL 60025 Group Name: State ID Number:  
(847) 953-1531 ext. [Phone] FEIN Number: 36-2136262

## Filing Fees

Fee Required? Yes  
Fee Amount: \$400.00  
Retaliatory? No  
Fee Explanation: 8 FORMS X \$50 = \$400  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Combined Insurance Company of America	\$400.00	11/19/2010	42140448

<i>SERFF Tracking Number:</i>	<i>CMBD-126898442</i>	<i>State:</i>	<i>Arkansas</i>
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed-Closed	Stephanie Fowler	12/15/2010	12/15/2010

<i>SERFF Tracking Number:</i>	<i>CMBD-126898442</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 12/15/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CMBD-126898442</i>	<i>State:</i>	<i>Arkansas</i>
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	VARIABILITY MEMORANDUM	Filed	Yes
<b>Form</b>	LETTER	Filed	Yes
<b>Form</b>	LETTER	Filed	Yes
<b>Form</b>	BROCHURE	Filed	Yes
<b>Form</b>	LETTER	Filed	Yes
<b>Form</b>	BROCHURE	Filed	Yes
<b>Form</b>	APPLICATION	Filed	Yes
<b>Form</b>	LETTER	Filed	Yes
<b>Form</b>	SCRIPT	Filed	Yes

SERFF Tracking Number: CMBD-126898442 State: Arkansas

Filing Company: Combined Insurance Company of America State Tracking Number: 47361

Company Tracking Number: 103305F

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: Senior Medicare Supplement Advertisements

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## Form Schedule

### Lead Form Number: 103305F

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed 12/15/2010	103305F	Advertising LETTER	Initial			103305F.pdf
Filed 12/15/2010	103307F	Advertising LETTER	Initial			103307F.pdf
Filed 12/15/2010	103306FI	Advertising BROCHURE	Initial			103306FI .pdf
Filed 12/15/2010	103307N	Advertising LETTER	Initial			103307N.pdf
Filed 12/15/2010	103306NI	Advertising BROCHURE	Initial			103306NI .pdf
Filed 12/15/2010	103308	Application/ APPLICATION Enrollment Form	Initial			103308.pdf
Filed 12/15/2010	103310	Advertising LETTER	Initial			103310.pdf
Filed 12/15/2010	103311	Advertising SCRIPT	Initial			103311.pdf

As you approach your 65th birthday, DON'T WORRY!  
We're making it easy to take care of two important things:

1. Medicare benefits are NOT automatic. You have to apply.

(Based on your [May 15th] birthday, you can apply starting [February 1st]. I'm going to tell you how to apply, where to apply, and what documents you'll need.)

2. Medicare will NOT pay all your health care bills.

(I've enclosed everything you need to have our Medicare Supplement ready and waiting to help pay the potentially thousands of dollars NOT paid by Medicare.)

PREPARED FOR COMBINED INSURANCE CUSTOMER:

[John Namehere]  
[123 Main Street]  
[Hometown, ST 00000]

Dear [Mr. Namehere],

I'm writing with good news, and even better news, for you and all *Combined Insurance* Customers who will be turning 65.

The good news is: you're about to start getting back the Medicare benefits you have coming to you. However, even though you're entitled to Medicare benefits, they are not automatic. You have to apply.

**Based on your [May 15<sup>th</sup>] birthday, you can apply  
for Medicare starting [February 1<sup>st</sup>].**

So, be sure to mark [February 1<sup>st</sup>] on your calendar. The enclosed brochure tells you where to apply, how to apply, and what documents you'll need when [February 1<sup>st</sup>] rolls around.

**PLEASE NOTE:** Although Medicare gives you a [7]-month Enrollment Period to be guaranteed immediate benefits, you'll want to apply as soon as possible starting [February 1<sup>st</sup>]. Then, you can relax, knowing your Medicare benefits will go into effect the very first day you're eligible, which is [May 1<sup>st</sup>], the first day of the month you turn 65.

The even better news I have for you is this: our Medicare Supplement PLAN F is ready and waiting to help protect you against potentially thousands of dollars NOT paid by Medicare. In 2006, Medicare paid less than half of total expenses per beneficiary, on average.\* Medicare Supplement PLAN F can help pay the bills Medicare doesn't cover.

Medicare Supplement PLAN F is one of the most popular Medicare Supplement plans nationwide. And if you apply today, this much-needed protection can be GUARANTEED to be issued to you even if you've had a health problem in the past. It will go into effect the day your Medicare benefits begin. And it will do a great job ...

For example, if you spend just one day in the hospital relying on Medicare alone, you'll have to pay [\$1,100.00] out of your own pocket. Our Medicare Supplement PLAN F pays the entire [\$1,100.00] for you. Here are some more examples ...

(over, please)

CUSTOMER CORRESPONDENCE

Combined Insurance Company of America

103305F





- Medicare requires that you pay [\$275.00] -a-day in co-payments for days [61-90] in the hospital. Our Medicare Supplement PLAN F pays for all [30] days, the entire [\$8,250.00]. **YOU PAY NOTHING!**
- Medicare requires that you pay [\$550.00] -a-day in co-payments for the next [60] days in the hospital.\*\* Our Medicare Supplement PLAN F pays for all [60] days, the entire [\$33,000.00]. **YOU PAY NOTHING!**
- Medicare requires that you pay a [\$155.00] annual deductible for doctor and medical services. Our Medicare Supplement PLAN F pays the entire [\$155.00]. **YOU PAY NOTHING!**
- Medicare requires that you pay [20%] of all "Medicare-approved amounts" for all doctor and medical services. Our Medicare Supplement PLAN F pays the entire [20%]. **YOU PAY NOTHING!**

Notice in the last example, I used the words "*Medicare-approved amounts*". Those are the fixed amounts that Medicare has determined doctors should charge for specific treatments. If your doctor charges more, Medicare requires you to pay every dollar in "excess charges". But you won't have to pay those "excess charges" if you apply today ...

**Our Medicare Supplement PLAN F even pays [100%] of all  
"excess doctor charges" NOT covered by Medicare.**

That's one of many benefits that makes Medicare Supplement PLAN F so popular nationwide. There's more. It also helps pay for charges NOT paid by Medicare for blood, for Skilled Nursing Facility stays, even for emergency services when you're outside the USA. You'll find more details in the enclosed *Medicare Enrollment Made Easy* brochure. Look it over. When you do, please note that, with our plan...

1. You're **FREE** to use any doctors and hospitals of your choice with **NO REFERRALS REQUIRED** ever.
2. There are virtually **NO CLAIM FORMS TO FILE**,  
no paperwork to do.
3. And if you apply today, you are **GUARANTEED ACCEPTANCE** regardless of your medical history. You cannot be turned down for any reason.

*No Medical Exam.  
No Health Questions.*

Please don't delay. Right now, you can get this important protection at this very competitive rate for Combined Insurance Customers turning 65: [\$000.00] per month. It's a small price to pay for protection from an industry leader you already know and trust. Since 1988, we paid out nearly [\$1 Billion] dollars\*\*\* in claims to our Medicare Supplement policyholders.

So please take a moment and return your Application today. I'll be looking for it so we can make sure our Medicare Supplement PLAN F is in place, ready to protect you the day your Medicare benefits go into effect!

Sincerely,  
[signature]  
[Name]  
[Title]

P.S. To get ready for your important milestone, there are 2 things I encourage you to do: 1) Return the enclosed Medicare Supplement Application today, and 2) apply for Medicare on the date listed on the front of this letter, or soon after. That's it - you're ready for Medicare!

P.P.S. *Combined Insurance* Customers can apply for our Medicare Supplement PLAN F today with complete confidence. If you're not satisfied, simply return the policy within 30 days and receive a full refund. See our *Medicare Enrollment Made Easy* brochure enclosed for complete details.

**QUESTIONS? CALL TOLL-FREE [1-800-000-0000]**

\* Medicare: Medicare's Spending and Financing. The Henry J. Kaiser Family Foundation, August, 2010.  
\*\* After [90] consecutive days of hospitalization, Medicare benefits are paid from a once-only lifetime reserve of [60] additional days which are not renewable each benefit period. \*\*\*Combined Insurance internal claim data, 2010.

Combined Insurance Company of America is not connected with the U.S. Government or the Federal Medicare program.  
This is a solicitation for insurance and an agent may contact you. Other plans available.

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PREPARED FOR COMBINED INSURANCE CUSTOMER:  
[John Namehere]  
[123 Main Street]  
[Hometown, ST 00000]

Dear [Mr. Namehere],

As I promised you a few months ago, I'm writing with good news, and even better news, for you and all *Combined Insurance* Customers who will be turning 65.

The good news is: you're about to start getting back the Medicare benefits you have coming to you. However, I mentioned in my last letter, even though you're entitled to Medicare benefits, they are not automatic. You have to apply.

Based on your [May 15<sup>th</sup>] birthday, you can apply  
for Medicare starting [February 1<sup>st</sup>].

If you haven't attached the sticker I sent you to your calendar, be sure to mark [February 1<sup>st</sup>] on your calendar. The enclosed brochure tells you where to apply, how to apply, and what documents you'll need when [February 1<sup>st</sup>] rolls around.

**PLEASE NOTE:** Although Medicare gives you a [7]-month Enrollment Period to be guaranteed immediate benefits, you'll want to apply as soon as possible starting [February 1<sup>st</sup>]. Then, you can relax, knowing your Medicare benefits will go into effect the very first day you're eligible, which is [May 1<sup>st</sup>], the first day of the month you turn 65.

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For example, if you spend just one day in the hospital relying on Medicare alone, you'll have to pay [\$1,100.00] out of your own pocket. Our Medicare Supplement PLAN F pays the entire [\$1,100.00] for you. Here are some more examples ...

(over, please)

- Medicare requires that you pay [\$275.00]-a-day in co-payments for days [61-90] in the hospital. Our Medicare Supplement PLAN F pays for all [30] days, the entire [\$8,250.00]. **YOU PAY NOTHING!**
- Medicare requires that you pay [\$550.00]-a-day in co-payments for the next [60] days in the hospital.\*\* Our Medicare Supplement PLAN F pays for all 60 days, the entire [\$33,000.00]. **YOU PAY NOTHING!**
- Medicare requires that you pay a [\$155.00] annual deductible for doctor and medical services. Our Medicare Supplement PLAN F pays the entire [\$155.00]. **YOU PAY NOTHING!**
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That's one of many benefits that makes Medicare Supplement PLAN F so popular nationwide. There's more. It also helps pay for charges NOT paid by Medicare for blood, for Skilled Nursing Facility stays, even for emergency services when you're outside the USA. You'll find more details in the enclosed *Medicare Enrollment Made Easy* brochure. Look it over. When you do, please note that, with our plan...

1. You're **FREE** to use any doctors and hospitals of your choice with **NO REFERRALS REQUIRED** ever.
2. There are virtually **NO CLAIM FORMS TO FILE**,  
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3. And if you apply today, you are **GUARANTEED ACCEPTANCE** regardless of your medical history. You cannot be turned down for any reason.

*No Medical Exam.  
No Health Questions.*

Please don't delay. Right now, you can get this important protection at this very competitive rate for Combined Insurance Customers turning 65: [\$000.00] per month. It's a small price to pay for protection from an industry leader you already know and trust. Since 1988, we paid out nearly [\$1 Billion] dollars\*\*\* in claims to our Medicare Supplement policyholders.

So please take a moment and return your Application today. I'll be looking for it so we can make sure our Medicare Supplement PLAN F is in place, ready to protect you the day your Medicare benefits go into effect!

Sincerely,  
[signature]  
[Name]  
[Title]

P.S. To get ready for your important milestone, there are 2 things I encourage you to do: 1) Return the enclosed Medicare Supplement Application today, and 2) apply for Medicare on the date listed on the front of this letter, or soon after. That's it - you're ready for Medicare!

P.P.S. *Combined Insurance* Customers can apply for our Medicare Supplement PLAN F today with complete confidence. If you're not satisfied, simply return the policy within 30 days and receive a full refund. See our *Medicare Enrollment Made Easy* brochure enclosed for complete details.

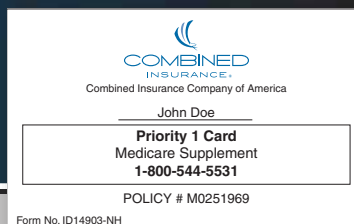
**QUESTIONS? CALL TOLL-FREE [1-800-000-0000]**

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]This is a solicitation for insurance and an agent may contact you. Other plans available.





## When Medicare Says “NO” Our Plan F Says “YES”



MEDICARE DOES <u>NOT</u> PAY*	OUR PLAN F PAYS*	YOU PAY
<b>PART A HOSPITAL SERVICES PER BENEFIT PERIOD</b>		
You Pay A [\$1,100] Inpatient Hospital Deductible Each Benefit Period	The entire [\$1,100] Part A deductible	<b>[\$0]</b>
You Pay A [\$275]-A-Day Co-Payment For Days [61-90] In A Hospital	The entire [\$275]-a-day co-payment ( <b>MAXIMUM PAYABLE: [\$8,250]!</b> )	<b>[\$0]</b>
You Pay A [\$550]-A-Day Co-Payment For Days [91-150] (Lifetime Reserve)*	The entire [\$550]-a-day co-payment ( <b>MAXIMUM PAYABLE: [\$33,000]!</b> )	<b>[\$0]</b>
Medicare Pays Nothing After Your Once Lifetime Reserve Days Are Used.	[100%] Of Any Medicare Allowable Expenses For Additional [365] Days After Medicare Hospital Benefits Stop Completely	<b>[\$0]</b>
You Pay For The First 3 Pints Of Blood	The entire 3 pints of blood	<b>[\$0]</b>
You Pay [\$137.50]-A-Day For Days [21-100] In A Skilled Nursing Facility	The entire [\$137.50] a day ( <b>MAXIMUM PAYABLE: [\$11,000]!</b> )	<b>[\$0]</b>
<b>PART B PHYSICIAN AND MEDICAL SERVICES PER CALENDAR YEAR</b>		
You Pay [\$155] Part B Deductible	The entire [\$155] Part B deductible	<b>[\$0]</b>
You Pay [20%] of Medicare-Approved Amounts After [\$155] Part B Deductible Is Met	The entire [20%] of Medicare-Approved Amounts	<b>[\$0]</b>
You Pay [100%] Of Medicare Part B Excess Charges Above Medicare-Approved Amounts	[100%] of all Medicare Part B Excess Charges	<b>[\$0]</b>
<b>FOREIGN TRAVEL <u>NOT</u> COVERED BY MEDICARE:</b>	<b>OUR PLAN F PAYS</b>	<b>YOU PAY</b>
Medicare Pays <u>Nothing</u> For Care Received Outside The USA	[80%] of charges for medically necessary emergency care services beginning the first [60] days of each trip outside the USA, after a [\$250] annual deductible, with a lifetime maximum benefit of [\$50,000]	<b>[\$250] annual deductible, [20%] of charges, and amounts over your [\$50,000] lifetime maximum.</b>

\* Medicare Parts A and B co-payments and deductibles for 2010. These co-payments and deductibles may change for 2011.

After [90] consecutive days of hospitalization, Medicare benefits are paid from a once-only lifetime reserve of [60] additional days which are not renewable each benefit period. Other Plans Available

103306FI

Combined Insurance Company of America

## 5 More Reasons To Apply Today ...

**1. You are GUARANTEED ACCEPTANCE with NO MEDICAL EXAM, NO HEALTH QUESTIONS.**

You cannot be turned down for any reason if you apply today, or anytime during the first six months after your Medicare

benefits begin. Even pre-existing health conditions will be covered in full from the very first day!

**2. You're FREE to use the doctors and hospitals of  
your choice with NO REFERRALS REQUIRED.**

You don't have to choose from  
a list of doctors or hospitals.  
You're **FREE** to go wherever

you want to get the treatment  
you need. And you'll never need  
a referral.

### 3. There are virtually NO CLAIM FORMS to file.

With our lowest-cost Medicare Supplement PLAN N, you can say "goodbye" to confusing paperwork.

Nearly all claims are filed for you automatically!

**4. Your BENEFITS WILL INCREASE AUTOMATICALLY**  
to keep pace with future changes to Medicare.

Each year, Medicare can adjust its deductible and co-payments. Every time that happens, we will automatically increase our

Medicare Supplement PLAN N benefits to keep pace with Medicare's increases dollar-for-dollar.

## 5. Apply now, and you'll always pay the rate for age 65.

You'll always pay the rate for your age at the time your coverage begins. So if you apply now, you'll pay the rate for 65-year-olds for as long as you remain insured.

Your rate can only change if changed for everyone in your class, or when rates are adjusted to keep pace with Medicare's increases.

**APPLY TODAY ... To Have This Protection  
Ready And Waiting To Help Cover Potentially  
Thousands NOT Paid By Medicare!  
See other side for "Free 30 day trial"**

## WHAT'S NOT COVERED...

## Exclusions

Combined Insurance's Medicare Supplement policies do not cover or pay for:

(1) Services rendered by or covered by any agency of a State government (except Medicaid), when you have no obligation to pay for such services; or

(2) Expenses covered and payable under Medicare.

## Medicare Deductible and CoPayment Changes

If Medicare changes its deductible and copayment amounts, the policy benefits will also change. When this happens, your renewal premium may increase. Premiums are based on issue age rating which means your renewal premiums will not increase as your age increases.

## Renewability

Combined Insurance guarantees it will renew this policy for your lifetime (so long as the required premium is paid). Combined Insurance reserves the right to change the premium. Any change in premium will be made on all policies of the same class.

## 30 Day Trial

If you are not satisfied that this is an excellent value for Combined Insurance Customers, you can cancel your policy within 30 days of the date it is delivered and receive a full refund with no questions asked!

## Definitions

"Hospital" means an institution which is defined as such by Medicare. It does not include any facility not covered by Medicare.

“Excess Charges” (Only available under Plan N) is the difference between the Medicare Part B approved expense and the amount charged by the attending physician, which can be no more than the limiting charge allowed by Medicare.

Combined Insurance is not connected with the U.S. government or the federal Medicare program.

**Note:** This brochure contains a brief description of policy benefits for the following policy form numbers:

Plan F: 14911-F.

See the policy for complete details of policy benefits and exclusions and definitions.

This is supplemental insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance.

## APPLY TODAY ... You'll Be Protected By An Industry Leader You Know And Trust!

Because all Medicare Supplement plans, by law, must offer the same protection, your choice really comes down to two things: 1) how much you pay, and 2) the company behind the plan.

Both are great reasons to apply for our Medicare Supplement PLAN F today. As you'll see in the letter enclosed, PLAN F is our absolute lowest-cost Medicare Supplement Plan and rates for Combined Insurance Customers are extremely competitive. Of course,

you already know about our commitment to service.

What you may not know is that we've been providing Medicare Supplement insurance for years. Since 1988, we paid out nearly [\$1 Billion] dollars\* in claims to Combined Insurance Medicare Supplement policyholders. We'd be honored to protect you as you enter the Medicare years!

### APPLY WITH CONFIDENCE ...

**Your Complete Satisfaction Is GUARANTEED  
Or Your Money Back!**

**If you are not satisfied that this is an excellent value for *Combined Insurance* Customers, you can cancel your policy within 30 days of the date it is delivered and receive a full refund with no questions asked!**



**QUESTIONS? CALL TOLL-FREE  
[1-800-000-0000]**

Combined Insurance Company of America is not connected with the U.S. Government or the Federal Medicare program. This is a solicitation for insurance and an agent may contact you.

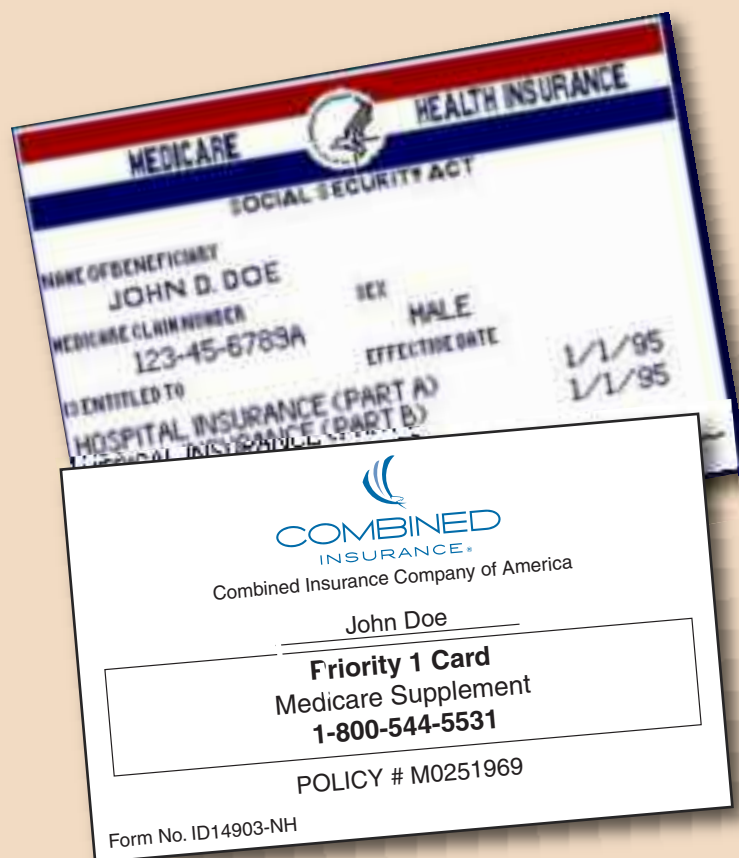
Combined Insurance Company of America  
111 East Wacker, Suite 700, Chicago, IL 60601  
The ACE Group of Companies

\*Combined Insurance internal claim data, 2010

103306FI Combined Insurance Company of America

## PREPARED EXCLUSIVELY FOR COMBINED INSURANCE CUSTOMERS

## MEDICARE ENROLLMENT MADE EASY



**We're Making  
It Easy To Have Both Of These  
Cards Protecting You When  
You Turn 65!**

MEDICARE		HEALTH INSURANCE	
SOCIAL SECURITY ACT			
NAME OF BENEFICIARY JOHN D. DOE			
MEDICARE CLAIM NUMBER 123-45-6789A	SEX MALE		
IS ENTITLED TO	EFFECTIVE DATE		
HOSPITAL INSURANCE (PART A)	1/1/95		
MEDICAL INSURANCE (PART B)	1/1/95		
SIGN HERE			

**YOUR MEDICARE  
BENEFITS ARE  
NOT AUTOMATIC.  
YOU MUST APPLY.**

**Here's How To  
Get Back Every Dollar  
In Medicare Benefits  
You Have  
Coming To You.**

### WHEN TO APPLY:

You only have a seven-month Enrollment Period to apply for Medicare and be guaranteed immediate coverage. This period includes three months before the month you turn 65, the month you turn 65, and three months after the month you turn 65. You are urged to apply as soon as your Enrollment Period begins to make sure your Medicare benefits go into effect the first day you become eligible, which is the first day of the month you turn 65.

### WHAT HAPPENS IF YOU WAIT TOO LONG TO APPLY:

If you do not apply during your seven-month Enrollment Period, you cannot apply again until the next "general enrollment period" held each year between January 1 through March 31. If you apply during the "general enrollment period", your coverage will not go into effect until the following July 1. That means you could go months without the Medicare benefits you're entitled to.

### HOW TO APPLY:

If you are not already receiving Social Security Benefits, simply contact your nearest Social Security Administration office to apply. To apply in person, visit the office nearest you, which you'll find in your local phone book or internet. There's no need for an appointment. To apply by phone, call toll-FREE [1-800-772-1213]. You also might be able to apply online using the Internet. Go to [www.socialsecurity.gov](http://www.socialsecurity.gov) for more details.

### WHAT DOCUMENTS YOU'LL NEED:

If you apply in person, be sure to take an original or certified copy of your birth certificate or baptismal certificate, W-2 forms for the past two years, and your Social Security card or number. If you don't apply in person, you may be asked to mail a copy of your birth certificate or some other proof of age.

***As Good As Medicare Is,  
it will not pay all your health  
care costs.***

***Take Action Now To Have Our  
Medicare Supplement PLAN F  
Ready And Waiting To Help  
Pay The Rest.***

***See Next Page For Details.***



As you approach your 65th birthday, DON'T WORRY!  
We're making it easy to take care of two important things:

- 1. Medicare benefits are NOT automatic. You have to apply.  
(Based on your [May 15th] birthday, you can apply starting [February 1st]. I'm going to tell you how to apply, where to apply, and what documents you'll need.)
- 2. Medicare will NOT pay all your health care bills.  
(I've enclosed everything you need to have our Medicare Supplement ready and waiting to help pay the potentially thousands of dollars NOT paid by Medicare.)

PREPARED FOR COMBINED INSURANCE CUSTOMER:  
[John Namehere]  
[123 Main Street]  
[Hometown, ST 00000]

Dear [Mr. Namehere],

As I promised you a few months ago, I'm writing with good news, and even better news, for you and all *Combined Insurance* Customers who will be turning 65.

The good news is: you're about to start getting back the Medicare benefits you have coming to you. However, as I mentioned in my last letter, even though you're entitled to Medicare benefits, they are not automatic. You have to apply.

**Based on your [May 15<sup>th</sup>] birthday, you can apply  
for Medicare starting [February 1<sup>st</sup>].**

If you haven't attached the sticker I sent you to your calendar, be sure to mark [February 1<sup>st</sup>] on your calendar. The enclosed brochure tells you where to apply, how to apply, and what documents you'll need when [February 1<sup>st</sup>] rolls around.

**PLEASE NOTE:** Although Medicare gives you a [7]-month Enrollment Period to be guaranteed immediate benefits, you'll want to apply as soon as possible starting [February 1<sup>st</sup>]. Then, you can relax, knowing your Medicare benefits will go into effect the very first day you're eligible, which is [May 1<sup>st</sup>], the first day of the month you turn 65.

The even better news I have for you is this: our lowest-cost Medicare Supplement PLAN N is ready and waiting to help protect you against potentially thousands of dollars NOT paid by Medicare. In 2006, Medicare paid less than half of total expenses per beneficiary on average.\* Medicare Supplement PLAN N can help pay the bills Medicare doesn't cover.

Medicare Supplement PLAN N is one of the lowest cost Medicare Supplement plans available nationwide. And if you apply today, this much-needed protection is GUARANTEED to be issued to you even if you've had a health problem in the past. It will go into effect the day your Medicare benefits begin. And it will do a great job ...

For example, if you spend just one day in the hospital relying on Medicare alone, you'll have to pay [\$1,100.00] out of your own pocket. Our Medicare Supplement PLAN N pays the entire [\$1,100.00] for you. Here are some more examples ...

(over, please)

CUSTOMER CORRESPONDENCE

Combined Insurance Company of America

103307N



- Medicare requires that you pay [\$275.00] -a-day in co-payments for days [61-90] in the hospital. Our Medicare Supplement PLAN N pays for all [30] days, the entire [\$8,250.00]. **YOU PAY NOTHING!**
- Medicare requires that you pay [\$550.00] -a-day in co-payments for the next [60] days in the hospital.\*\* Our Medicare Supplement PLAN N pays for all [60] days, the entire [\$33,000.00]. **YOU PAY NOTHING!**
- With our Medicare Supplement PLAN N, once you satisfy your [\$155] annual deductible for doctor and medical services, all you pay is a co-payment. Every time you go to a doctor who accepts Medicare assignment **THE MOST YOU'LL PAY FOR THE DOCTOR VISIT IS JUST [\$20].** In addition, **THE MOST YOU'LL PAY FOR AN EMERGENCY ROOM VISIT IS JUST [\$50].** Plus, that [\$50] IS WAIVED if you're admitted to the hospital.

There's more. Our Medicare Supplement PLAN N also helps pay for charges NOT paid by Medicare for blood, for Skilled Nursing Facility stays, even for emergency services when you're outside the USA. You'll find more details in the enclosed *Medicare Enrollment Made Easy* brochure. Look it over. When you do, please note that, with our plan ...

1. You're FREE to use any doctors and hospitals of your choice with NO REFERRALS REQUIRED ever.
2. There are virtually NO CLAIM FORMS TO FILE, no paperwork to do.
3. And if you apply today, you are GUARANTEED ACCEPTANCE regardless of your medical history. You cannot be turned down for any reason.

*No Medical Exam.  
No Health Questions.*

Please don't delay. As I said earlier, PLAN N is our absolute lowest-cost Medicare Supplement Plan. And right now, you can get this important protection at this very competitive competitive rate for Combined Insurance Customers turning 65: just [\$000.00] per month. Plus, you'll be protected by an industry leader you already know and trust. Since 1988, we paid out nearly [\$1 Billion] dollars\*\*\* in claims to our Medicare Supplement policyholders.

So please take a moment and return your Application today. I'll be looking for it so we can make sure our Medicare Supplement PLAN N is in place, ready to protect you the day your Medicare benefits go into effect!

Sincerely,  
[signature]  
[Name]  
[Title]

P.S. To get ready for your important milestone, there are 2 things I encourage you to do: 1) Return the enclosed Medicare Supplement Application today, and 2) apply for Medicare on the date listed on the front of this letter, or soon after. That's it ... you're ready for Medicare!

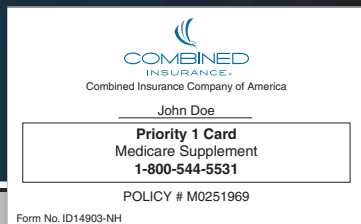
P.P.S. *Combined Insurance* Customers can apply for our absolute lowest-cost Medicare Supplement PLAN N today with complete confidence. If you're not satisfied, simply return the policy within 30 days and receive a full refund. See our *Medicare Enrollment Made Easy* brochure enclosed for complete details.

**QUESTIONS? CALL TOLL-FREE [1-800-000-0000]**

\* Medicare: Medicare Spending and Financing. The Henry J. Kaiser Family Foundation, August, 2010.  
\*\* After [90] consecutive days of hospitalization, Medicare benefits are paid from a once-only lifetime reserve of [60] additional days which are not renewable each benefit period. \*\*\* Combined insurance internal claim data. 2010.  
Combined Insurance Company of America is not connected with the U.S. Government or the Federal Medicare program.  
]This is a solicitation for insurance and an agent may contact you. Other plans available.



## When Medicare Says “NO” Our Plan N Says “YES”



MEDICARE DOES <u>NOT</u> PAY*	OUR PLAN N PAYS*	YOU PAY
PART A HOSPITAL SERVICES PER BENEFIT PERIOD		
You Pay A [\$1,100] Inpatient Hospital Deductible Each Benefit Period	The entire [\$1,100] Part A deductible	[\$0]
You Pay A [\$275]-A-Day Co-Payment For Days [61-90] In A Hospital	The entire [\$275]-a-day co-payment (MAXIMUM PAYABLE: [\$8,250]!)	[\$0]
You Pay A [\$550]-A-Day Co-Payment For Days [91-150] (Lifetime Reserve)*	The entire [\$550]-a-day co-payment (MAXIMUM PAYABLE: [\$33,000]!)	[\$0]
Medicare Pays <u>Nothing</u> After Your Once Lifetime Reserve Days Are Used.	[100%] Of Any Medicare Allowable Expenses For Additional [365] Days After Medicare Hospital Benefits Stop Completely	[\$0]
You Pay For The First 3 Pints Of Blood	The entire 3 pints of blood	[\$0]
You Pay [\$137.50]-A-Day For Days [21-100] In A Skilled Nursing Facility	The entire [\$137.50] a day (MAXIMUM PAYABLE: [\$11,000]!)	[\$0]
PART B PHYSICIAN AND MEDICAL SERVICES PER CALENDAR YEAR		
You Pay [20%] of Medicare-Approved Amounts After [\$155] Part B Deductible Is met	The entire [20%] of Medicare-Approved Amounts except for office-visit and emergency room co-payment	[\$155] annual deductible, office-visit co-payment up to [\$20], emergency room co-payment up to [\$50]
FOREIGN TRAVEL NOT COVERED BY MEDICARE:	OUR PLAN N PAYS	YOU PAY
Medicare Pays <u>Nothing</u> For Care Received Outside The USA	[80%] of charges for medically necessary emergency care services beginning the first [60] days of each trip outside the USA, after a [\$250] annual deductible, with a lifetime maximum benefit of [\$50,000].	[\$250] annual deductible, [20%] of charges, and amounts over your [\$50,000] lifetime maximum.

\* Medicare Parts A and B co-payments and deductibles for 2010. These co-payments and deductibles may change for 2011.

\*\* After [90] consecutive days of hospitalization, Medicare benefits are paid from a once-only lifetime reserve of [60] additional days which are not renewable each benefit period. Other Plans Available

Combined Insurance Company of America

103306NI

## 5 More Reasons To Apply Today ...

### 1. You are **GUARANTEED ACCEPTANCE** with **NO MEDICAL EXAM, NO HEALTH QUESTIONS.**

You cannot be turned down for any reason if you apply today, or anytime during the first six months after your Medicare

benefits begin. Even pre-existing health conditions will be covered in full from the very first day!

### 2. You're **FREE** to use the doctors and hospitals of your choice with **NO REFERRALS REQUIRED.**

You don't have to choose from a list of doctors or hospitals. You're **FREE** to go wherever

you want to get the treatment you need. And you'll never need a referral.

### 3. There are **virtually NO CLAIM FORMS** to file.

With our lowest-cost Medicare Supplement PLAN N, you can say “goodbye” to confusing paperwork.

Nearly all claims are filed for you automatically!

### 4. Your **BENEFITS WILL INCREASE AUTOMATICALLY** to keep pace with **future changes to Medicare.**

Each year, Medicare can adjust its deductible and co-payments. Every time that happens, we will automatically increase our

Medicare Supplement PLAN N benefits to keep pace with Medicare's increases dollar-for-dollar.

### 5. Apply now, and you'll always pay the rate for age 65.

You'll always pay the rate for your age at the time your coverage begins. So if you apply now, you'll pay the rate for 65-year-olds for as long as you remain insured.

Your rate can only change if changed for everyone in your class, or when rates are adjusted to keep pace with Medicare's increases.

**APPLY TODAY ... To Have This Protection Ready And Waiting To Help Cover Potentially Thousands NOT Paid By Medicare!**  
**See other side for “Free 30 day trial”**

## WHAT'S NOT COVERED...

### Exclusions

Combined Insurance's Medicare Supplement policies do not cover or pay for:

- (1) Services rendered by or covered by any agency of a State government (except Medicaid), when you have no obligation to pay for such services; or
- (2) Expenses covered and payable under Medicare.

### Medicare Deductible and CoPayment Changes

If Medicare changes its deductible and copayment amounts, the policy benefits will also change. When this happens, your renewal premium may increase. Premiums are based on issue age rating which means your renewal premiums will not increase as your age increases.

### Renewability

Combined Insurance guarantees it will renew this policy for your lifetime (so long as the required premium is paid). Combined Insurance reserves the right to change the premium. Any change in premium will be made on all policies of the same class.

### 30 Day Trial

If you are not satisfied that this is an excellent value for Combined Insurance Customers, you can cancel your policy within 30 days of the date it is delivered and receive a full refund with no questions asked!

### Definitions

“Hospital” means an institution which is defined as such by Medicare. It does not include any facility not covered by Medicare.

“Excess Charges” (Only available under Plan N) is the difference between the Medicare Part B approved expense and the amount charged by the attending physician, which can be no more than the limiting charge allowed by Medicare.

Combined Insurance is not connected with the U.S. government or the federal Medicare program.

**Note:** This brochure contains a brief description of policy benefits for the following policy form numbers:

Plan N: 14912-N.

See the policy for complete details of policy benefits and exclusions and definitions.

This is supplemental insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance.



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What you may not know is that we've been providing Medicare Supplement insurance for years. Since 1988, we paid out nearly [**\$1 Billion**] dollars\* in claims to Combined Insurance Medicare Supplement policyholders. We'd be honored to protect you as you enter the Medicare years!

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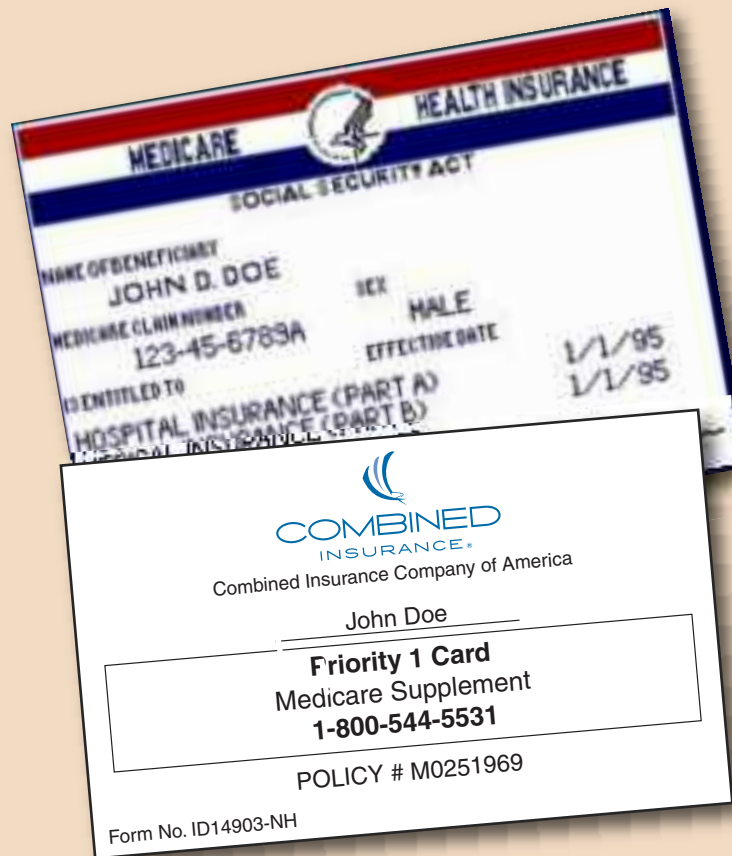
Combined Insurance Company of America  
111 East Wacker, Suite 700, Chicago, IL 60601  
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\*Combined Insurance internal claim data, 2010

103306NI Combined Insurance Company of America

## PREPARED EXCLUSIVELY FOR COMBINED INSURANCE CUSTOMERS

## MEDICARE ENROLLMENT MADE EASY



**We're Making  
It Easy To Have Both Of These  
Cards Protecting You When  
You Turn 65!**

MEDICARE		HEALTH INSURANCE	
SOCIAL SECURITY ACT			
NAME OF BENEFICIARY JOHN D. DOE			
MEDICARE CLAIM NUMBER 123-45-6789A	SEX MALE		
IS ENTITLED TO	EFFECTIVE DATE		
HOSPITAL INSURANCE (PART A)	1/1/95		
MEDICAL INSURANCE (PART B)	1/1/95		
SIGN HERE			

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### WHAT HAPPENS IF YOU WAIT TOO LONG TO APPLY:

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### HOW TO APPLY:

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### WHAT DOCUMENTS YOU'LL NEED:

If you apply in person, be sure to take an original or certified copy of your birth certificate or baptismal certificate, W-2 forms for the past two years, and your Social Security card or number. If you don't apply in person, you may be asked to mail a copy of your birth certificate or some other proof of age.

***As Good As Medicare Is,  
it will not pay all your health  
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***Take Action Now To Have Our  
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Ready And Waiting To Help  
Pay The Rest.***

***See Next Page For Details.***



TO THE BEST OF MY KNOWLEDGE AND BELIEF: (PLEASE ANSWER ALL QUESTIONS.)

- A. Do you have another Policy with Combined Insurance?

☐

YES

☐

NO
- B. Have you used tobacco in the last 12 months?
- ☐

YES

☐

NO

C. Did you turn age 65 in the last 6 months?

☐

YES

☐

NO

D. Did you or will you enroll in Medicare Part B within [6] months before or after the Date of Application?

☐

YES

☐

NO

E. Please indicate effective date of Medicare Part B:

MMDDYYYY

Medicare #

Medicare Card or Social Security Number

☐

YES

☐

NO

F. 1. Do you have another Medicare Supplement policy in force?

☐

YES

☐

NO2. Do you intend to replace your current Medicare supplement policy with this policy?  
(If “Yes” a Replacement Form will be sent upon receipt of application.)

☐

YES

☐

NO

G. 1. Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union, or individual plan)

☐

YES

☐

NO

2. If so, what are your dates of coverage under the other policy? (If you are still covered under the other policy, leave “END” blank.)

START

MMDDYYYY

END

MMDDYYYY

H. If the answer to Question F or G is “YES”, complete the following:

- Company Name and Address

Type of Policy

Policy Number
- I. Are you covered for medical assistance through the state Medicaid program?  
[NOTE TO APPLICANT: If you are participating in a “Spend-down Program” and have not met your “Share of Cost,” please answer NO to this question]  
If Yes,  
(a) Will Medicaid pay your premiums for this Medicare supplement policy?  
(b) Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium?
- ☐

YES

☐

NO
- ☐

YES

☐

NO
- ☐

YES

☐

NO

J. Are you applying for Guarantee Issue? (If “YES” please complete Question K and attach a copy of your termination notice, HIPAA certificate or other correspondence to validate your eligibility for open enrollment or guarantee issue.)

☐

YES

☐

NO

K. 1. If you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your start and end dates below. If you are still covered under this plan, leave “END” blank.

START

MMDDYYYY

END

MMDDYYYY

2. If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare supplement policy?

☐

YES

☐

NO

3. Was this your first time in this type of medicare plan?

☐

YES

☐

NO

4. Did you drop a Medicare supplement policy to enroll in the Medicare plan?

☐

YES

☐

NO

IMPORTANT INFORMATION

- (1) You do not need more than one Medicare supplement policy.

(2) If you purchase this policy you may want to evaluate your existing health coverage and decide if you need multiple coverages.

(3) You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.

(4) If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.

(5) If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted, if requested within 90 days after losing your employer or union-based group health plan. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.

(6) Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a qualified Medicare beneficiary (QMB) and a specified low-income Medicare beneficiary (SLMB).

To the best of my knowledge and belief, my answers are true and correct. I acknowledge receipt of the Outline of Coverage that describes the Policy for which I am applying.

I authorize Combined Insurance for the purpose of evaluating this application for insurance to acquire, review, research the release of information from the following: Medical Professional; Hospital; Physician; Medical Practitioner; Clinic; Pharmacy; Pharmacy Benefits Manager or other pharmacy-related services organization; Health Plan; other medical or medically-related facilities; Government Agency; Medical Information Bureau, Inc., (MIB); Consumer Reporting Agency; Combined Insurance's own records. Combined Insurance will acquire through a personal phone interview or another means from the above any needed information on the Insured, his/her dependents including but not limited to copies of records, concerning advice, care or treatment, on past or present health, the use of drugs or alcohol, and information relating to mental illness. I also authorize Combined Insurance or its reinsurers to disclose all such information to any doctor, the Medical Information Bureau, Inc. or any other insurance company in order to evaluate a claim or an application for insurance.

This authorization will remain valid for a period of two years from the application date of the policy. A photocopy of this authorization will be as valid as the original. A copy of the authorization is available to you or your representative upon request to Combined Insurance.

You may revoke this authorization at any time by writing Combined Insurance; however, such revocation may affect coverage. Failure to sign this authorization may impair the ability of Combined Insurance to evaluate or process this application and may be a basis for denying this application.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Proposed Insured's Signature

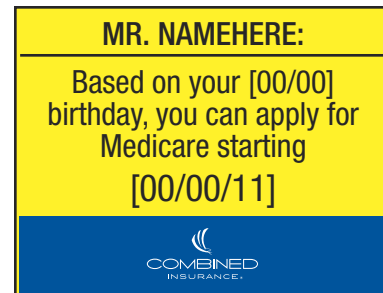
Date:



# DON'T WORRY!

As you approach age 65, you're likely to be bombarded with all kinds of Medicare-related information from all kinds of companies. But you don't have to worry about any of it ...

**WE'RE DETERMINED TO MAKE THE ENTIRE MEDICARE PROCESS AS EASY AS POSSIBLE FOR COMBINED INSURANCE CUSTOMERS!**



*Please  
attach  
to your  
calendar*

Dear [Mr. Namehere],

We're preparing information right now for you and all *Combined Insurance* Customers who will turn 65 this year. It's designed to help simplify everything you need to do as you prepare for your Medicare years.

And that means you need NOT worry about approaching this important milestone. In the coming months, we'll be sending you a packet of information that will make it as easy as possible to get back every dollar in Medicare benefits you have coming to you through your years of paying taxes to support the Medicare program.

Even though you'll soon be entitled to Medicare benefits, they are NOT automatic. You have to apply. Above I've attached a sticker with the exact date you'll become eligible to apply for Medicare. Be sure to attach your sticker to your calendar so you'll remember to apply for Medicare as soon as you can.

Our information will arrive well in advance of that date. It will tell you, in detail, how to apply for Medicare, where to apply, and exactly what documents you'll need to apply.

The information we send you will also give you details on the bills NOT paid by Medicare. As good as Medicare is, it does NOT pay all your health care bills. It was never intended to. In 2006, Medicare paid less than half of total expenses per beneficiary, on average.\*

But again, there's no need to worry. The information we send will arm you with what you need to protect yourself. You'll see how our Medicare Supplement plan helps pay thousands of dollars in deductibles and co-payments NOT paid by Medicare.

(over, please)

## CUSTOMER CORRESPONDENCE

Combined Insurance Company of America

103310



Here's a perfect example. Even with Medicare, if you spend just one day in the hospital, you'll have to pay [\$1,100.00] out of your pocket or savings. But with most Medicare Supplement Plans, the entire [\$1,100.00] will be covered!

Here's one more thing, and it's very important. You'll see that our Medicare Supplement plan is very competitively priced for *Combined Insurance* Customers about to turn 65.

So sit back, relax, and don't worry. But be sure to watch your mail in the coming months for an envelope that looks very similar to the one this letter was in. Keep an eye out for it. You'll be glad you did.

Sincerely,  
[signature]  
[Name]  
[Title]

P.S. If you have any questions, please don't hesitate to give us a call toll-FREE at: [1-800-000-0000]. We're determined to make the entire Medicare process as easy as possible for you and all *Combined Insurance* Customers!



\* Medicare: Medicare Spending and Financing. The Henry J. Kaiser Family Foundation, August, 2010.

Combined Insurance Company of America

Combined Insurance Company of America is not connected with the U.S. Government or the Federal Medicare program. This is a solicitation for insurance and an agent may contact you.

## **Medicare Supplement Telephone Follow Script For Non Responders To Direct Mail**

Hello, this is \_\_\_\_\_, a licensed agent representing Combined Insurance. May I please speak with Mr./Mrs. \_\_\_\_\_?

**If not available:** When would an appropriate time be to call Mr./Mrs. \_\_\_\_\_ back? (Go to Courtesy Close).

**If talking to appropriate contact:** Hi Mr./Mrs. \_\_\_\_\_. I am following up on a time sensitive policyholder communication that we sent you a few weeks ago. As a service to all of our policyholders, Combined Insurance is contacting you as you approach your 65<sup>th</sup> birthday and qualify for Medicare. We feel it is critical that you know that your Medicare benefits are not automatic but you have to apply for them. You can do this starting (date) and you will want to do this to assure that your benefits go into effect the very first day you are eligible.

We also want to make sure you realize that Medicare will cover less than one half of all health care costs, according to the Center for Medicare & Medicaid Services. That is why we are offering policyholders an affordable supplement plan to help protect you against the thousands of dollars NOT paid by Medicare.

Mr./Mrs. (name), I am not sure if you have had a chance to read the information on our new Medicare Supplement Plan (F/N) but our rates are very competitive and the process to apply could not be easier. In fact, we can go over your options and help you make an educated decision today; we can get you started right now. If I may continue, continue, there are a few questions that I am required to ask to see if you can qualify *but before I start, we need to record the rest of this call for documentation and quality control purposes. Is that OK?*

**(IF YES)** Thank you – **Continue (Turn Recorder On)**

**(IF NO TO TAPE) – (Turn off Recorder)** Mr./Mrs., the only reason for recording is to assure accuracy in the information we give you and get from you and *so that it can serve as a record of your application should you decide to enroll, and to make sure there are no mistakes.* Are you sure it wouldn't be OK to record just this verification with me?

**(if still NO) - go to Courtesy Close**

**(if OK) - (Turn Recorder On and Continue)**

**If, yes continue:**

In addition, Mr./Mrs. \_\_\_\_\_, we want you to be aware that Combined Insurance is not connected with or endorsed by the U.S. Government or the federal Medicare program.

**In Colorado, Maine, Kentucky:** I also want to let you know that Combined's Medicare supplement standardized plans are offered to qualified individuals under the age of 65.

**(If early interrupt or has specific questions, refer to the FAQ's or script to answer appropriately.)**

Mr./Mrs\_\_\_\_\_ to get to know your needs and to make sure we place you in the correct plan I am going to ask you a few questions that will help me find the best fit:

- What are the top three things that you're looking for in a plan?
- What are the top three things you dislike about the plan you have now?
- Do you have a budget that you are working with?
- How much are you currently paying for your premium/copays?

So Mr/Mrs.\_\_\_\_\_ your telling me that the top 3 things your looking for in your coverage are **(repeat customer's requirements)**?

And that you want to make sure that \_\_\_\_\_ correct?

Okay Mr./Mrs. I have great news....I have Plan\_\_\_\_\_ available in your area and it will cover\_\_\_\_\_ and I can give that to you at the affordable cost of\_\_\_\_\_.

So to get started the only thing I need you to do Mr/Mrs\_\_\_\_\_ is to get out your Medicare card so we can begin our easy enrollment process. OK?

**(if No)** – I see, well are you interested in a Medicare Supplement Plan?

Use Rebuttals and/or schedule a call back, depending on customer reaction

**(Use the state application and ask questions A through K)**

WONDERFUL ... YOU DO QUALIFY. – Go To Plan Description

**If the customer is in an open enrollment period or guaranteed issue:**

Do not ask the medical underwriting questions on page 2 of the application...go on to the description of the plan. (See below)

**General Description:**

Medicare was not intended to pay your entire out of pocket expenses. According to The US Department of Health & Human Services, Medicare covers less than one-half of total health care costs... potentially leaving you with a significant financial burden. If you are, or will be on Medicare and you need medical services or treatment, you will most likely need some help.

A Combined Medicare Supplement Insurance policy could make the difference.

It is important for you to know what Medicare covers, where the gaps exist, and how Combined Insurance can help. Would you like me to go over what Medicare doesn't cover? **(Yes- continue, no – go to Plan (F/N) with a pivot to other available plans if necessary)**

**If IA:**

It is important for you to know what Medicare covers, what it does not cover, and how Combined Insurance can help. Would you like me to go over what Medicare doesn't cover? **(Yes- continue, no – go to Plan (F/N) with a pivot to other plans if necessary)**

**Medicare Part A** covers **Hospital Care**, which includes: room, board, miscellaneous services and supplies. However Medicare only pays part of the costs – you must pay the rest. According to the 2010 Medicare regulations, here is what you are responsible for paying:

- For the first 60 days in the hospital.....**You Pay** a deductible of [\$1,100.00]
- For days 61–90.....**You Pay** [\$275.00] *a day* co-payment
- Beyond 90 days & for 60 lifetime reserve days..... **You Pay** [\$550.00] *a day* co-payment
- For an additional 365 days beyond that.....**You Pay** All costs
- For care in a Skilled Nursing Facility (days 21-100)...**You Pay** Up To [\$137.50] *a day* co-payment
- For the first 3 pints of blood, if not replaced.....You Pay All costs
- For Hospice Care.....**You Pay** Medicare copayment/coinsurance

**Medicare Part B** covers Medicare-approved Physician Services as well as inpatient and outpatient medical & surgical services and supplies. Part B also covers certain types of therapy, tests, and equipment. You are responsible for paying the following:

- For all services.....**You Pay** a [\$155.00] Part B deductible  
Plus [20%] remainder of all approved Charges
- For any excess charges.....**You Pay** All costs
- For the first 3 pints of blood, if not replaced.....**You Pay** All costs
- In addition, no coverage is provided should you require necessary emergency care on trips outside of the United States.

Mr./Mrs. \_\_\_\_\_, as you can see, Medicare coverage alone only covers certain charges, and could leave you responsible for hundreds, and perhaps thousands of dollars of out-of-pocket expenses.

Combined offers Medicare Supplement insurance which can help pay many of the medical expenses that Medicare does not cover.

#### **If IA:**

Combined Insurance can provide a Medicare Supplement Policy that helps pay for many of the expenses that Medicare does not cover.

Let me explain why you should consider our Medicare Supplement Plan (F/N) program.  
(If Plan N, Refer to Plan N Benefits in FAQ section)



## Plan F

### For Medicare Part A services:

- For the first 60 days in the **hospital**, the policy will pay the deductible... **You Pay** [\$0.00] instead of the [\$1,100.00] **deductible** I mentioned earlier
- For days 61-90..... **You Pay** [\$0.00] instead of the [\$275.00] **a day** co-payment
- Beyond 90 days..... **You Pay** [\$0.00] instead of the [\$550.00] **a day** co-payment
- For an additional 365 days..... **You Pay** [\$0.00] instead of paying all costs on your own
- For Skilled Nursing Care days 21-100..... **You Pay** [\$0.00] instead of the up to [\$137.50] **a day** co-payment
- For the first 3 pints of blood..... **You Pay** [\$0.00] instead of all costs
- For Hospice Care..... **You Pay** [\$0.00] instead Of Medicare copayment/coinsurance

### For Medicare Part B services:

- For all services..... **You Pay** the [\$155.00] annual deductible but you'll pay [\$0.00] instead of [20%] of all approved charges
- For any excess charges ..... **You Pay** [\$0.00]
- For the first 3 pints of blood..... **You Pay** [\$0.00]
- For Home Health Care Medicare Approved Services..... **You Pay** [\$0.00] instead of the [\$155.00] Part B deductible for durable medical equipment. You also pay [\$0.00] instead of the [20%] for all of the remainder of Medicare approved charges.
- And for necessary Emergency Care that begins during the first 60 days of a trip outside the United States

**You Pay** [\$250.00] each calendar yr and only [20%] of costs, up to a [\$50,000.00] lifetime maximum

And, the nice thing about this plan is that the entire cost for all this coverage is only [\$\_\_\_\_\_] per month.

**It's easy to see why so many people choose the Plan (F/N) as the supplement to their Medicare coverage. Wouldn't you agree?**

## Exclusions

It's also important to understand what our MedSupp policy does not cover:

- Services rendered by, or covered by, any agency of a state government (except Medicaid) where there is an obligation to pay.
- Expenses covered and payable under Medicare
- Expenses for any Mental Disorder covered under this policy after Medicare's limits are reached

Again, the entire cost for all this coverage is only [\$\_\_\_\_\_] per month. And, you will have 30 days to review the policy. If you are not satisfied with the policy for any reason, you may cancel your policy within 30 days of the effective date and you will receive a full refund.

Why don't we go ahead and complete an application!

**(Go Back to Application and Complete – If customer answers “Yes” to the Guaranteed Issue question “L” or “M” (dependant on state specific application) and is required to provide evidence of eligibility, explain that they need to send their evidence of eligibility to Combined Insurance at 1000 N Milwaukee Ave, Glenview, IL 60025, attention: Judith Behrens V.P.)**

Mr./Mrs. \_\_\_\_\_, as I mentioned, your premium is [\$\_\_\_\_\_] per mo. Would you like to pay this monthly through your checking account?

**(If Yes)** – Fill out the APC form at the back of the application and explain when the draft will be done.

**(If Existing PAC Billing Member and asks why we don't already have this)** – “Simply we need to ask this for your protection.”

**(If No)(In all states other than PA)** – We also have an option of billing you annually on a Visa or MasterCard credit card. How does this sound? (Fill out the separate credit card form.)

One other thing I need to mention is if Medicare changes their deductibles and co-payment amounts, your policy benefits will also change. When this happens, your renewal premium may also change. Premiums may also change at other times, on a class basis only, subject to Insurance department approval in your state. An example of a class change is specific age groupings, smoker status versus non-smoker, etc.

In a few weeks you will receive your welcome letter, policy, a copy of the application, outline of coverage and other required paperwork. We would like to thank you for placing your trust with Combined Insurance Company.

Is there anything else I can help you with today?

**Courtesy Close:**

Mr. /Mrs. \_\_\_\_\_. I appreciate your time and am sorry we could not be of service to you today. If you have any questions about this call you can call our toll free number 1-800-544-5531. Have a good day/evening.

## ***FAQ Responses***

### **Other Reasons**

Here are 8 big reasons why thousands of our customers have taken advantage of the Combined Insurance Medicare Supplement Policy:

- Coverage Begins Along With Medicare – if you qualify
- Pre-Existing Conditions Are Covered Immediately – no waiting period after the policy begins
- This policy is guaranteed renewable as long as the required premiums are paid. **For Issue Age Policies (Arizona, Georgia, Idaho, Missouri, New Hampshire only):** Premiums are based on your age (at issuance) – we cannot change the premium just because you get older. **For Community Rated Policies: (Arkansas, Maine, Minnesota only)** Premiums are the same for everyone. **For Attained Age Policies:** Premiums are based on your attained age and will increase as you get older. Premiums may change, on a class basis only, subject to Insurance Department approval in your state.
- No Claim Form Is Required – the explanation of Medicare benefits and the policy number is all that is required
- You Are Able To Choose Your Own Doctors – or other health care providers, and benefits are paid directly to them.
- We Offer Convenient Service – such as a toll-free customer service hotline for your convenience
- A Choice Of Two Convenient Payment Methods: Annual or monthly payments through a bank draft or credit card.
- The Strength And Security Of Combined Insurance Company - rated A (Excellent) by A.M. Best Company (August/2010) which is an organization that rates the financial strength of companies and their ability to meet ongoing obligations to policyholders.

### **1. What is a Medigap/MedSupp policy?**

A Medigap or MedSupp policy is a supplemental insurance plan sold by a private company, like Combined Insurance, that helps pay for many of the expenses Traditional Medicare does not cover. A MedSupp policy provides additional protection and can result in significant savings for medical expenses that, under Medicare alone, you would be solely responsible for paying.

#### **If IA:**

### **1. What is a MedSupp policy?**

A MedSupp policy is a supplemental insurance plan sold by a private company, like Combined Insurance, that helps pay for many of the medical expenses that are not covered by Traditional Medicare Plan coverage. A MedSupp policy provides additional protection and can result in significant savings for medical expenses that, under Medicare alone, you would be solely responsible for paying.

### **2. Wants Plan Other Than (F/N):**

There are other ones available, including Plan A, B (PA only), C (MI only), F and N (Not available in ME) Do you have questions about a specific plan?

### 3. Wants Plan A:

#### Plan A provides the following benefits:

##### For Medicare Part A Services:

- For the first 60 days in the hospital, the policy will pay the deductible... **You Pay the** [\$1,100.00] deductible.
- For days 61-90..... **You Pay** [\$0.00] instead of the [\$275.00] a day co-payment
- Beyond 90 days..... **You Pay** [\$0.00] instead of the [\$550.00] a day co-payment
- For an additional 365 days..... **You Pay** [\$0.00] instead of paying all costs on your own
- For Skilled Nursing Care days 21-100..... **You Pay up to** [\$137.50] a day co-payment
- For the first 3 pints of blood..... **You Pay** [\$0.00] instead of all costs
- For Hospice Care..... **You Pay** [\$0.00] instead Of Medicare copayment/coinsurance

##### For Medicare Part B services:

- For all services..... **You Pay the** [\$155.00] annual Part B deductible but the remainder of Medicare Approved Amounts you'll pay [\$0.00] instead of [20%] of all approved charges
- For any excess charges ..... **You Pay All costs**
- For the first 3 pints of blood..... **You Pay** [\$0.00]
- For At Home Recovery for personal care during recovery from an injury or sickness  
**You Pay All Costs**
- And for necessary Emergency Care that begins during the first 60 days of a trip outside the United States  
**You Pay All Costs**

And, the nice thing about this plan is that the entire cost for all this coverage is only [\$ \_\_\_\_\_] per month.

#### Exclusions

It's also important to understand what this MedSupp policy does not cover:

- Services rendered by, or covered by, any agency of a state government (except Medicaid) where there is an obligation to pay.
- Expenses covered and payable under Medicare
- Expenses for any Mental Disorder covered under this policy after Medicare's limits are reached

It's easy to see why so many people choose the Plan A as the supplement to their Medicare coverage. Wouldn't you agree?

#### 4. Wants Plan B (Only available in PA)

Plan B provides the following benefits:

##### For Medicare Part A services:

- For the first 60 days in the hospital, the policy will pay the deductible... **You Pay [\$0.00]** instead of [\$1,100.00] deductible.
- For days 61-90..... **You Pay [\$0.00]** instead of the [\$275.00] a day co-payment
- Beyond 90 days..... **You Pay [\$0.00]** instead of the [\$550.00] a day co-payment
- For an additional 365 days..... **You Pay [\$0.00]** instead of paying all costs on your own
- For Skilled Nursing Care days 21-100..... **You Pay up to [\$137.50]** a day co-payment
- For the first 3 pints of blood..... **You Pay [\$0.00]** instead of all costs
- For Hospice Care..... **You Pay [\$0.00]** instead Of Medicare copayment/coinsurance

##### For Medicare Part B services:

- For all services..... **You Pay** the [\$155.00] annual Part B deductible but you'll pay [\$0.00] instead of [20%] of all approved charges
- For any excess charges ..... **You Pay All costs**
- For the first 3 pints of blood..... **You Pay [\$0.00]**
- For At Home Recovery for personal care during recovery from an injury or sickness  
**You Pay [\$155.00]**  
annual Part B deductible but for the remainder of Medicare Approved Amounts you'll pay [\$0.00] instead of [20%] of all approved charges.
- And for necessary Emergency Care that begins during the first 60 days of a trip outside the United States  
**You Pay All Costs**

And, the nice thing about this plan is that the entire cost for all this coverage is only [\$\_\_\_\_\_] per month.

##### Exclusions

It's also important to understand what this MedSupp policy does not cover:

- Services rendered by, or covered by, any agency of a state government (except Medicaid) where there is an obligation to pay.
- Expenses covered and payable under Medicare
- Expenses for any Mental Disorder covered under this policy after Medicare's limits are reached

It's easy to see why so many people choose the Plan B as the supplement to their Medicare coverage. Wouldn't you agree?

## 5. Wants Plan C: (Only available in MI)

**Plan C provides the following benefits:**

### **For Medicare Part A services:**

- For the first 60 days in the **hospital**, the policy will pay the deductible... **You Pay** [\$0.00] instead of [\$1,100.00] deductible.
- For days 61-90..... **You Pay** [\$0.00] instead of the [\$275.00] a day co-payment
- Beyond 90 days..... **You Pay** [\$0.00] instead of the [\$550.00] a day co-payment
- For an additional 365 days..... **You Pay** [\$0.00] instead of paying all costs on your own
- For Skilled Nursing Care days 21-100..... **You Pay** [\$0.00] instead of up to [\$137.50] a day.
- For the first 3 pints of blood..... **You Pay** [\$0.00] instead of all costs
- For Hospice Care..... **You Pay** [\$0.00] instead Of Medicare copayment/coinsurance

### **For Medicare Part B services:**

- For all services..... **You Pay** [\$0.00] instead of [\$155.00] annual Part B Deductible
- For any excess charges ..... **You Pay All costs**
- For the first 3 pints of blood..... **You Pay** [\$0.00] instead of [\$155.00] annual Part B Deductible
- For Home Health Care Medicare Approved Services..... You Pay [\$0.00] instead of the [\$155.00] Part B deductible for durable medical equipment. You also pay [\$0.00] instead of the [20%] for all of the remainder of Medicare approved charges.
- And for necessary Emergency Care that begins during the first 60 days of a trip outside the United States **You Pay** [\$250.00] each Calendar yr and only [20%] of costs, up to a [\$50,000] lifetime maximum

And, the nice thing about this plan is that the entire cost for all this coverage is only [\$\_\_\_\_\_] per month.

### **Exclusions**

It's also important to understand what this MedSupp policy does not cover:

- Services rendered by, or covered by, any agency of a state government (except Medicaid) where there is an obligation to pay.
- Expenses covered and payable under Medicare
- Expenses for any Mental Disorder covered under this policy after Medicare's limits are reached

It's easy to see why so many people choose the Plan C as the supplement to their Medicare coverage. Wouldn't you agree?

## 6. Wants Plan N (Not Available in Maine)

### Plan N provides the following benefits:

#### For Medicare Part A services:

- For the first 60 days in the hospital, the policy will pay the deductible... **You Pay** [\$0.00] instead of [\$1,100.00] deductible.
- For days 61-90..... **You Pay** [\$0.00] instead of the [\$275.00] a day co-payment
- Beyond 90 days..... **You Pay** [\$0.00] instead of the [\$550.00] a day co-payment
- For an additional 365 days..... **You Pay** [\$0.00] instead of paying all costs on your own
- For Skilled Nursing Care days 21-100..... **You Pay** [\$0.00] instead of up to [\$137.50] a day co-payment
- For the first 3 pints of blood..... **You Pay** [\$0.00] instead of all costs
- For Hospice Care..... **You Pay** [\$0.00] instead of Medicare copayment/coinsurance

#### For Medicare Part B services:

- For all services..... **You Pay** the [\$155.00] annual Part B deductible but you'll pay up to [\$20.00] per office visit and up to [\$50.00] per emergency room visit. The copayment of up to [\$50.00] is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part An expense instead of the balance of all approved charges.
- For any excess charges ..... **You Pay All costs**
- For the first 3 pints of blood..... **You Pay** [\$0.00]
- For Home Health Care Medicare Approved Services..... **You Pay** [\$0.00] instead of the [\$155.00] Part B deductible for durable medical equipment. You also pay [\$0.00] instead of the [20%] for all of the remainder of Medicare approved charges.
- And for necessary Emergency Care that begins during the first 60 days of a trip outside the United States **You Pay** [\$250.00] each Calendar yr and only [20%] of costs, up to a [\$50,000] lifetime maximum

And, the nice thing about this plan is that the entire cost for all this coverage is only [\$\_\_\_\_\_] per month.

### Exclusions

It's also important to understand what this MedSupp policy does not cover:

- Services rendered by, or covered by, any agency of a state government (except Medicaid) where there is an obligation to pay.
- Expenses covered and payable under Medicare
- Expenses for any Mental Disorder covered under this policy after Medicare's limits are reached

It's easy to see why so many people choose the Plan N as the supplement to their Medicare program. Wouldn't you agree?

### **7. Are my prescriptions covered?**

Although some policies sold in the past covered prescription drugs, no new Medicare Supplement policies are allowed to include prescription drug coverage. If you want prescription drug coverage, you may want to join a Medicare Prescription Drug Plan (Part D), however, Combined Insurance does not offer Part D coverage. Can we go ahead with the application for the MedSupp plan?

### **8. How do I know if I need a MedSupp plan?**

Well, Mr./Mrs.\_\_\_\_\_, if you or your spouse had health insurance from your employer prior to retiring, you may not need it. Do you have continuing coverage from an employer or a government job?

**IF NO** – Then this is something you may need.

**IF YES** – That's fine, and then you should check with your employer to make sure you have the proper coverage first, then you can call us back. **Go to Courtesy Close**

### **9. Are Pre-existing conditions covered?**

Usually yes. Medicare itself provides full protection, up to specified limits from day one and the Medigap plan you choose will usually waive pre-existing conditions, particularly if you enroll as soon as you are eligible. Did that answer your question?

**If IA:**

### **9. Are Pre-existing conditions covered?**

Usually yes. Medicare itself provides full protection, up to specified limits from day one and the Medsupp plan you choose will usually waive pre-existing conditions, particularly if you enroll as soon as you are eligible. Did that answer your question?

### **10. Can I keep my same Doctor?**

Absolutely, Medicare allows for free and opens choice, unless you opt for a Managed Care plan under Medicare Advantage. The plan we are offering is a Medicare Supplement plan which does allow you to see whatever Doctor you choose. OK?

### **11. How do I file a claim?**

That's a great question Mr./Mrs.\_\_\_\_\_. Most claims are filed electronically at the point of service. You simply show your Doctor your Medicare and MedSupp policy cards and they take care of filing the claim for you. Once the claim is filed by your doctor you will typically receive documentation of what covered services were paid, and usually, that's that. Sound good?

### **12. Is custodial Care at home or a nursing home covered?**

Medicare itself does not cover this type of expense. The Medicare Supp Plan F we are offering, as well as Plans A, (B in Pennsylvania), (C I Michigan) and N (Excluding Maine) all have limited coverage to help you with this. Would you like to hear more about it?

### **13. Why should I buy this before I'm 65?**

We'll, Mr./Mrs.\_\_\_\_\_, the easiest way to answer that is that Medicare becomes effective on the 1<sup>st</sup> day of the month in which you turn 65. Therefore, if you wait to buy a Medigap plan, you could have inadequate coverage for several weeks. When do you turn 65?

**If IA:**

### **13. Why should I buy this before I'm 65?**

We'll, Mr./Mrs.\_\_\_\_\_, the easiest way to answer that is that Medicare becomes effective on the 1<sup>st</sup> day of the month in which you turn 65. Therefore, if you wait to buy a Medsupp plan, you could have inadequate coverage for several weeks. When do you turn 65?



**14. Has a MedSupp or Medicare Advantage Plan (with Combined)**

I see, in that case, this plan wouldn't help you. **Go to Courtesy Close**

**15. Has a MedSupp or Medicare Advantage Plan (with Competition)**

That's great Mr./Mrs. \_\_\_\_\_. In certain cases, we can review and replace your current Medsupp or Medicare Advantage Plan with a Plan that may work better for you and possibly save you money. Why don't we see if you qualify? How does that sound to you? (Refer to application question "D" to see if they qualify if replacing an existing Medsupp policy.) (Refer to application question "M or N" (dependant on state specific application) to see if they qualify if replacing an existing Medicare Advantage Plan.)

**STATEMENT TO APPLICANT BY ISSUER, AGENT (BROKER OR OTHER REPRESENTATIVE):**

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplements coverage or leave your Medicare Advantage Plan. The replacement policy is being purchased for the following reason (Please choose one of the following reasons):

- ☐ Additional benefits.
- ☐ No change in benefits, but lower premiums.
- ☐ Fewer benefits and lower premiums.
- ☐ My plan has outpatient prescription drug coverage and I am enrolling in Part D.
- ☐ Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment.

☐ Other, (Please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history.

Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force.

After we complete the application, we will review it carefully to be certain that all information has been properly recorded before you provide us with your electronic signature for approval.

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

**16. How does the 30-Day Money Back Guarantee work?**

Once we process your application, a policy fulfillment kit will be prepared and mailed to you. You should receive it in 3-4 weeks at most. If you are not satisfied with this policy for any reason, return it to Combined's Home Office within 30 days of the date it is delivered. Any premium paid will be returned to you and this policy will be deemed void from the beginning. So, let me just review the policy, OK?

**17. Wants to talk to Combined's Customer Service:**

Combined's customer service number is: 800-544-5531 Monday-Friday 7:30am – 6:00pm Central

Or you can go to our website at: [www.combinedinsurance.com](http://www.combinedinsurance.com)

SERFF Tracking Number:	CMBD-126898442	State:	Arkansas
Filing Company:	Combined Insurance Company of America	State Tracking Number:	47361
Company Tracking Number:	103305F		
TOI:	MS09 Medicare Supplement - Other 2010	Sub-TOI:	MS09.000 Medicare Supplement Other 2010
Product Name:	Senior Medicare Supplement Advertisements		
Project Name/Number:	Senior Medicare Supplement Advertisements/103305F et al		

## Supporting Document Schedules

	Item Status:	Status
<b>Satisfied - Item:</b> VARIABILITY MEMORANDUM	Filed	<b>Date:</b> 12/15/2010
<b>Comments:</b>		
<b>Attachment:</b>		
VARIABILITY MEMORANDUM.pdf		



## **VARIABILITY MEMORANDUM**

### **Medicare Supplement Letter 103305F**

Recipient's Name and Address	Bracketed to allow for future change without re-filing.
Dates	Bracketed to allow for future change without re-filing.
Company Telephone Number	Bracketed to allow for future change without re-filing.
Website Address	Bracketed to allow for future change without re-filing.
Dollar Amounts and Percentages	Bracketed to allow for future change without re-filing.
Signature, Name and Title	Bracketed to allow for future change without re-filing.

### **Medicare Supplement Letter 103307F**

Recipient's Name and Address	Bracketed to allow for future change without re-filing.
Dates	Bracketed to allow for future change without re-filing.
Company Telephone Number	Bracketed to allow for future change without re-filing.
Website Address	Bracketed to allow for future change without re-filing.
Dollar Amounts and Percentages	Bracketed to allow for future change without re-filing.
Signature, Name and Title	Bracketed to allow for future change without re-filing.

### **Medicare Supplement Letter 103307N**

Recipient's Name and Address	Bracketed to allow for future change without re-filing.
Dates	Bracketed to allow for future change without re-filing.
Company Telephone Number	Bracketed to allow for future change without re-filing.
Website Address	Bracketed to allow for future change without re-filing.
Dollar Amounts and Percentages	Bracketed to allow for future change without re-filing.
Signature, Name and Title	Bracketed to allow for future change without re-filing.

### **Medicare Supplement Brochure 103306FI**

Company Telephone Number	Bracketed to allow for future change without re-filing.
Co-payments and Deductibles	Bracketed to allow for change without re-filing when co-payments and deductibles are updated.

### **Medicare Supplement Brochure 103306NI**

Company Telephone Number	Bracketed to allow for future change without re-filing.
Co-payments and Deductibles	Bracketed to allow for change without re-filing when co-payments and deductibles are updated.

**Medicare Supplement Application 103308**

Recipient's Name and Address	Bracketed to allow for future change without re-filing.
Company Address	Bracketed to allow for future change without re-filing.
Dates	Bracketed to allow for future change without re-filing.
Company Telephone Number	Bracketed to allow for future change without re-filing.
Credit Card Information	Bracketed to allow for future change without re-filing.
Billing Mode	Bracketed to allow for future change without re-filing.
Medicare Part B within 6 months	Bracketed to allow for future change without re-filing.

**Medicare Supplement Letter 103310**

Recipient's Name and Address	Bracketed to allow for future change without re-filing.
Dates	Bracketed to allow for future change without re-filing.
Company Telephone Number	Bracketed to allow for future change without re-filing.
Website Address	Bracketed to allow for future change without re-filing.
Dollar Amounts and Percentages	Bracketed to allow for future change without re-filing.
Signature, Name and Title	Bracketed to allow for future change without re-filing.

**Medicare Supplement Letter 103311**

Co-payments and Deductibles	Bracketed to allow for change without re-filing when co-payments and deductibles are updated.
Premium	Bracketed to allow for future change without re-filing.